

Acknowledgement of Receipt Of Notice of Privacy Practices

Patient Name: _____

Date of Birth: _____

Patient Address: _____

| | |
|---|--|
| <p>I have received a copy of the Notice of Privacy Practices for <u>Dr. Gordon J. Roznik, D.M.D.</u></p> <p>Signature of Patient: _____ Date: _____</p> | |
|---|--|

For Office Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practice because:

- An emergency existed & a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for a signature by mail.
- Unable to communicate with the patient for the following reasons.
- Other: _____

Prepared By: _____

Signature: _____

Date: _____